Approved for use through 1/31/2006, CMB 0661-0032 U.S. Pelent and Trademert Office: U.S. DEPARTMENT OF COMMERCE Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Humber Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 1) SMALL ENTITY OR SMALL ENTITY NUMBER FILED FOR NUMBER EXTRA RATE (\$1 FEE (1) RATE (\$) FEE (1) BASIC FEE 137 CFR 1 16(0) 101 0 (C) NIA 150.00 H/A N/A 300.00 SEARCH FEE NIA 17 CFR 1 16(NJ. 14. or (m)) N/A \$250 N/A \$500 **EXAMINATION FEE** NVA NIA 100 (p). or (q) NA \$100 NA \$200 TOTAL CLAHAS D7.CFR 146(II) X\$ 25 minus 20 = X\$50 ÓR INDEPENDENT CLAIMS X100 07 CFR 1 16(N) minus 3 = X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each 07 CFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) Mûltiple dependent claim present (37 cfr i 16(1) +180= **4360*** If the difference in column 1 is less than zero, enter "O" in column 2. IATOT TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3): SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (1) ADDI-OV RATE (\$), Ъ ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL **AMENDMENT** PAID FOR FEE (\$) FEE (1) CI CIA LIGIU Minus 20 X\$ 25 X\$50 OR Andependent . Minus X100 X200 **QR** Application Size Fee (37 CFR 1.16(5)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) **+180**= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (1) ADDI-RATE (\$) ADOI-EXTRA AFTER. PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE (#) FEE (\$) Total Minus X\$ 25 X\$50 OR Minus Andependent 637 CFR 6.14h/s • X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.160) +180= +360= OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

Collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the

PTO to process) an application. Confidentiality is governed by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, budge gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent Trademark Office, U.S., Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460,